



## Sales Finance License Renewal Application

For Year July 1, 2007 through June 30, 2008

*Licenses not renewed by September 15<sup>th</sup> are automatically canceled.***\*\*Time Sensitive\*\***

The renewal application and the required renewal fee must be completed and submitted to the Department on or before July 1, 2007. Renewal applications not timely submitted are subject to the following:

A.R.S. Section 44-282.C. states in part, "License fees shall be due and payable on or before each **July 1**. A penalty of twenty-five dollars per day shall be assessed against any licensee for each day after **July 1** that his renewal application and fee are not received by the department. Licenses not renewed by **September 15** are automatically cancelled."

We require a current (May 1, 2007 or after) "**Certificate of Good Standing**" from the **Arizona Corporation Commission** with your renewal, if the license is subject to the Arizona Business Corporation Act regulated by the Arizona Corporation Commission (ACC). If you are licensed with our Department as a sole proprietor or partnership this does not apply to you. Contact the ACC Corporate Records Section at 602-542-3026 or go to their website @ [www.cc.state.az.us](http://www.cc.state.az.us) to find out how to get this certificate online. Pull up your company name on their website and click on the "Check Corporate Status". Follow their instructions for downloading the Certificate.

The license renewal fee for the principal place of business is \$500 and \$200 per branch location. These fees must accompany the renewal application.

**Make payable to: Arizona Department of Financial Institutions or AZDFI**

**Mail to: Arizona Department of Financial Institutions  
2910 N. 44<sup>th</sup> Street, Suite 310  
Phoenix, AZ 85018**

**To complete this application:****Type or Print All Information****Do Not Leave Blanks – If Not Applicable Use None or N/A****Make Additional Copies Of Any Page****Or Attach A Separate Sheet If Addition Space Is Necessary**

If the licensee is no longer engaging in the business, please return the license(s) for cancellation.

If the licensee's name and/or address has changed, complete the Address and/or Name Change Application and submit these changes with your renewal. This form is located at [http://www.azdfi.gov/Licensing/Forms/Non-Mortgage\\_Add\\_Name\\_Chg\\_Application.pdf](http://www.azdfi.gov/Licensing/Forms/Non-Mortgage_Add_Name_Chg_Application.pdf)

If there has been a change of ownership, a new license application may be required and the current license surrendered to this Department.

**Control / Ownership Change:**

**Note:** A license is not transferable or assignable and control of a licensee may not be acquired through a stock purchase or any other device without the prior written consent of the superintendent.

1. Letter of explanation, providing complete details (the structure of this change may require a new license).
2. Copy of signed purchase agreement.
3. Copy of stock certificates & stock ledger.
4. Need copy of either the amended articles or new articles and a Flow Chart showing new ownership.
5. Percentage change in ownership. Provide "Minutes or Corporate Resolution" substantiating change in ownership percentages.



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Company Name:		License #: <b>SF-</b>
Doing Business As:		
Address Line 1:		
Address Line 2:		
City:	State:	Zip Code:
Telephone Number:	FAX Number:	Tax ID Number:

**2. Person completing this Renewal:**

Name:	
Telephone Number:	FAX Number:

**3. Mailing Address, if different from above:**

Address Line 1:		
Address Line 2:		
City:	State:	Zip Code:

**4. Corporate Name and Address, if applicable:**

Address Line 1:		
Address Line 2:		
City:	State:	Zip Code:
Telephone Number:	FAX Number:	

Do you hold any of the retail installment contracts you originate?

5. ☐ Yes ☐ No

IF YES, state the aggregate amount outstanding for the last six months:

Do you purchase and hold retail installment contracts originated by others?

6. ☐ Yes ☐ No

IF YES, state the aggregate amount outstanding for the last six months:

Does your retail sales contract comply with all provisions of A.R.S. Section 44-286 of the Motor Vehicle Time Sales Disclosure Act?

7. ☐ Yes ☐ No

**8. Current Ownership.** If applicant is owned by an entity, provide the name of the entity and its corporate financials. If owned by individuals, provide the names and percentage owned of each person. List additional owners on a separate sheet.

Name	Title	% Owner
Ownership Must total 100%		%



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9. **Control.** List all persons who have the power to vote more than 20% of outstanding voting shares of the licensed corporation, partnership, association or trust. List additional names on a separate sheet.

Name	Title	% of outstanding voting shares

10. **Since the license was issued** (07/01/06 to 06/30/07) or since the last renewal (6/30/06) has the licensee or any owner, officer, director, member, AM or partner thereof; **If you answer "Yes" to any of these questions you must attach the appropriate paperwork (description & final disposition)**

a. been convicted of a criminal offense other than minor traffic violations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. been sued in a civil action?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. had a final judgment issued against him/her?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. filed bankruptcy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. had an order entered against him/her been indicted, been informed against or found guilty by an administrative agency of this state, the Federal government or any other state or territory of the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No

11. **List all names, locations and license numbers of branches:**

Branch Name: <b>a.</b>		License #: <b>MVDBR-</b>	
Address Line 1:			
Address Line 2:			
City:	State:	Zip Code:	
Branch Name: <b>b.</b>		License #: <b>MVDBR-</b>	
Address Line 1:			
Address Line 2:			
City:	State:	Zip Code:	
Branch Name: <b>c.</b>		License #: <b>MVDBR-</b>	
Address Line 1:			
Address Line 2:			
City:	State:	Zip Code:	
Branch Name: <b>d.</b>		License #: <b>MVDBR-</b>	
Address Line 1:			
Address Line 2:			
City:	State:	Zip Code:	
Branch Name: <b>e.</b>		License #: <b>MVDBR-</b>	
Address Line 1:			
Address Line 2:			
City:	State:	Zip Code:	

List additional branches on a separate sheet.

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**Affidavit must be signed by owner or principal officer on file.**

STATE OF \_\_\_\_\_ )  
 ) ss  
COUNTY OF \_\_\_\_\_ )

I (print your name) \_\_\_\_\_ being duly sworn, depose and say  
that I have signed the foregoing application as (print your title) \_\_\_\_\_ of the above named  
applicant, having full authority to sign such application in said capacity; that I have read said application and  
that the information contained therein is true.

\_\_\_\_\_  
(Date)\_\_\_\_\_  
(Licensee Signature)

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
(Notary Public Signature)\_\_\_\_\_  
My Commission Expires